

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 12/17/2008 and conducted by Evaluator Dan O'Boyle

PUBLIC	COMPLAINT CONTROL NUMBER: 23-SC-20081217101719		
FACILITY NAME: EMERITUS AT HERITAGE PLACE	FACILITY NUMBER:	397003261	
ADMINISTRATOR: JOANN MC REYNOLDS	FACILITY TYPE:	740	
ADDRESS: 355 WEST GRANT LINE ROAD	TELEPHONE:	(209) 835-1000	
CITY: TRACY	STATE:	95376	
CAPACITY: 180	CENSUS: 109	DATE:	03/12/2009
	UNANNOUNCED	TIME VISIT BEGAN:	02:52 PM
MET WITH: Joanne Mc Reynolds		TIME COMPLETED:	04:45 PM

ALLEGATION(S):

1 Facility is accepting residents without LIC 602. Corporate Office directing facility to admit without LIC 602.
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INVESTIGATION FINDINGS:

1 During LPA visit on 12/18/08 LPA reviewed 7 files at random of recently admitted residents to verify the presence of a LIC 602A. Initially the facility was only able to provide four of the documents. Several days later the facility provided the missing documents. At least two of them reflected completion dates after the resident had been admitted.
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 6 LPA interviewed staff who were present at a meeting during which a corporate representative approved the practice of admitting someone without a Physician Report. The participants at the meeting were told that the aforementioned practice was not to be done indiscriminately or on a regular basis, but rather on a case-by-case basis, and facilities could not make independent decisions to admit someone without the LIC 602A. Corporate would need to be contacted and given a detailed explanation about the circumstances pertaining to the admission.
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Continued on LIC 9099C

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Michael Smith	TELEPHONE: (916) 263-4707
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LICENSING EVALUATOR NAME: Dan O'Boyle	TELEPHONE: (209) 202-9551
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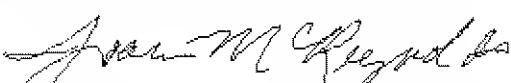
LICENSING EVALUATOR SIGNATURE:



DATE: 03/12/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HERITAGE PLACE

FACILITY NUMBER: 397003261

VISIT DATE: 03/12/2009

NARRATIVE

1 Before making a joint decision by corporate and the facility to admit a resident without the required LIC
2 602A, consideration would be given to the amount and quality of the background information already
3 acquired, the needs of the prospective resident, and any circumstances or needs that would justify admitting
4 the person without all required documents.

5 LPA finds sufficient information to deem the allegation SUBSTANTIATED.

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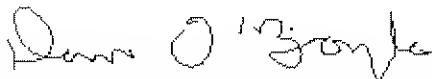
SUPERVISOR'S NAME: Michael Smith

TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Dan O'Boyle

TELEPHONE: (209) 202-9551

LICENSING EVALUATOR SIGNATURE:



DATE: 03/12/2009

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2009

Control Number 23-SC-20081217101719
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY NAME: EMERITUS AT HERITAGE PLACE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 397003261
VISIT DATE: 03/12/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/13/2009 Section Cited 87458(a)	<p>1 MEDICAL ASSESSMENT - There were at least 2 physician reports completed several days or more after the residents had been admitted to the facility.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Administrator will provide a facility policy regarding proper admission procedures. The policy will be submitted to CCL by end of business On 03/13/09.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Michael Smith

TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Dan O'Boyle

TELEPHONE: (209) 202-9551

LICENSING EVALUATOR SIGNATURE:

Don O'Boyle

DATE: 03/12/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Joan M. Reynolds

DATE: 03/12/2009

COMPLAINT INVESTIGATION REPORT (Cont)

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ADDRESS:	355 WEST GRANT LINE ROAD	TELEPHONE:	(209) 835-1000
CITY:	TRACY	ZIP CODE:	95376
CAPACITY:	180	CENSUS:	109
MET WITH:	Joanne Mc Reynolds	UNANNOUNCED	DATE: 03/12/2009
			TIME VISIT BEGAN: 02:52 PM
			TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1. Former Nurse forging physician signature on LIC 602.
 2.
 3. 2. No T.B. documents on residents.

INVESTIGATION FINDINGS:

1. LPA found no evidence that the former nurse forged any signatures. When LPA interviewed her she denied taking any such action.
 2.
 4. LPA found that in lieu of PPD tests the facility obtained chest x-rays.
 5.
 6. Allegations are UNFOUNDED

Unfounded

Estimated Days of Completion:

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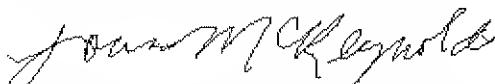
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